



**DISTRICT'S MONTHLY CLAIM**  
**To Receive Reimbursement for Pupil Transportation Vocational Schools**

For Calendar Month \_\_\_\_\_, \_\_\_\_\_

Return to: Office of District Support Services  
Capital Plaza Tower  
500 Mero Street  
Frankfort, KY 40601  
Fax: (502) 564-7574

District Name: \_\_\_\_\_

District Number: \_\_\_\_\_

<b>SECTION I – Transportation from High School To Vocational School</b>				
Trip No.	From High School to Vocational School	Number days pupils transported	Average no. pupils transported	Driver's name (last name, first initial)
	From: _____ To: _____			
	From: _____ To: _____			
	From: _____ To: _____			
	From: _____ To: _____			
	From: _____ To: _____			
	From: _____ To: _____			
	From: _____ To: _____			
	From: _____ To: _____			

<b>SECTION II – Transportation From Vocational School To Vocational Training Site</b>				
Trip Ltr.	From Vocational School to Vocational Training Site	Number days pupils transported	Average no. pupils transported	Driver's name (last name, first initial)
	From: _____ To: _____			
	From: _____ To: _____			
	From: _____ To: _____			
	From: _____ To: _____			
	From: _____ To: _____			
	From: _____ To: _____			

I hereby certify that payments were made, during the calendar month shown above, to provide for the transportation of pupils to and from the vocational schools and vocational training sites shown. I hereby request reimbursement for same.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**DUE: MONTHLY**

Reminder: Trip Letters & Numbers should match the VT-1 form submitted in September.

District Name: \_\_\_\_\_

District Number: \_\_\_\_\_

<b>SECTION I – Transportation from High School To Vocational School</b>				
Trip No.	From High School to Vocational School	Number days pupils transported	Average no. pupils transported	Driver's name (last name, first initial)
	From: _____ To: _____			
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	From: _____ To: _____			
	From: _____ To: _____			
	From: _____ To: _____			

<b>SECTION II – Transportation From Vocational School To Vocational Training Site</b>				
Trip Ltr.	From Vocational School to Vocational Training Site	Number days pupils transported	Average no. pupils transported	Driver's name (last name, first initial)
	From: _____ To: _____			
	From: _____ To: _____			
	From: _____ To: _____			
	From: _____ To: _____			
	From: _____ To: _____			
	From: _____ To: _____			

**DUE: MONTHLY**

Reminder: Trip Letters & Numbers should match the VT-1 form submitted in September.